

CLAIM FOR REIMBURSEMENT OF EDUCATIONAL EXPENSES

For use of this form, see AR 37-104-10; the proponent agency is USAFAC.

DATA REQUIRED BY PRIVACY ACT OF 1974

AUTHORITY: Public Law 95-79 as amended by Public Law 95-485.

PRINCIPAL PURPOSE: To claim reimbursement of educational expenses as provided by the Educational Assistance Program.

ROUTINE USE: To provide an itemization of educational expenses to support entitlement.

DISCLOSURE: Disclosure is voluntary. However, failure to do so will result in non-reimbursement of educational expenses.

*Items 1 through 11 to be completed by applicant.
Use a typewriter if possible. Otherwise use heavy pen or indelible pencil.*

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. SOCIAL SECURITY NO.	3. GRADE	4. PMOS
5. NAME OF SCHOOL		6. ADDRESS OF SCHOOL	
7. DATE EXPENSES WERE PAID BY MEMBER		8. EDUCATIONAL OBJECTIVE	
9. DETAILS OF EXPENSES			
a. Tuition \$ _____			
b. Fees \$ _____			
c. Lab Fees/Consumables \$ _____			
d. Books \$ _____			
e. TOTAL \$ _____			

10. The monies shown at item 9 were spent by me for the purpose stated. Receipted bills are attached for each item claimed. I understand that reimbursement will be made only for instruction at post secondary schools accredited by a nationally recognized accrediting agency. I do not receive assistance as a member of the Senior Reserve Officers Training Corps.

11. This is/is not* my first claim for reimbursement of educational expenses.

* Delete inappropriate word(s).

DATE	SIGNATURE OF APPLICANT
------	------------------------

Item 12 to be completed by unit commander or authorized representative.

12. The applicant meets eligibility criteria prescribed in AR 135-7.

ORGANIZATION AND ADDRESS		UIC
DATE	TYPED NAME AND GRADE	SIGNATURE

Distribution:

1. (ORIGINAL) JUMPS-RC Input Station (with receipts attached). 2. PFR 3. Applicant